

GUATEMALA

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	4.7
U5MR (per 1,000 live births)	73
IMR (per 1,000 live births)	53
Underweight (% moderate and severe) (1987)	34
Maternal mortality rate (per 100,000 live births) (1989)	200
Literacy (% male/female) (1990)	63/47
Primary school enrolment (% net, male/female)	../..
Primary schoolchildren reaching grade 5 (%) (1990)	39
Access to safe water (%) (1990)	62
Access to health services (%) (1985)	34
GNP per capita (1992)	\$980

One-year-olds fully immunized against:

tuberculosis:	46 per cent
diphtheria/pertussis/tetanus:	75 per cent
measles:	71 per cent
poliomyelitis:	77 per cent

Pregnant women immunized against:

tetanus:	18 per cent
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Water supply and sanitation

1. The country programme for Guatemala for the period 1992-1996 was approved by the Executive Board in 1992 with an allocation of \$5 million from general resources and \$5.3 million in supplementary funds (E/ICEF/1992/P/L.16). Implementation of the water supply and sanitation activities commenced immediately owing to the generous contribution of donor countries and local funding sources. These activities were further reinforced by the Central American subregional water supply, sanitation and environmental education programme approved by the Executive Board in 1991 (E/ICEF/1991/P/L.25), which provided additional technical assistance, particularly for sanitation, environmental education and monitoring and evaluation. Between 1992 and 1994, approximately 143,000 people in 360 poor communities benefited from this programme. In view of the positive experience gained to date and new funding opportunities, approval is requested for an expansion of this programme for the period 1995-1996. An increase in the supplementary funding ceiling of the programme will enable UNICEF to support further government efforts to achieve the goals of 75 per cent water supply and 90 per cent sanitation access by the year 2000.

2. National water supply and sanitation access levels in Guatemala are 62 and 59 per cent, respectively. However, disparities between regions are high, with access to safe water supplies in rural areas at around 41 per cent, decreasing to an estimated 30 per cent in the departments of Huehuetenango, Quiché, Alta Verapaz and Baja Verapaz, the regions with the highest indigenous, rural populations. These regions are also priority regions in the UNICEF programme of cooperation in Guatemala because in many rural communities water collection continues to be one of the most time-consuming and laborious domestic chores performed by women and children. In addition, while diarrhoeal diseases account for 30 per cent of the deaths in children under five years of age in Guatemala nationwide, the percentage is probably higher in the priority rural regions.

3. In order for Guatemala to achieve the goals for the mid-decade and the year 2000 for water supply and sanitation as set forth in the National Plan of Action for Social Development, it will be necessary to increase access to water supply and sanitation services for an additional 1.2 million people by 1996 and to a further 1.9 million between 1996 and the year 2000. This increase in service coverage will be a major challenge in rural areas where the goal is to increase water access to 55 per cent of the population by 1996. The Government is committed, however, to the attainment of these goals, and additional funds for water supply and sanitation have been made available through social compensatory mechanisms such as the National Peace Fund and the Social Investment Fund. These additional funds have enabled UNICEF to increase the scope of its assistance. As a larger share of infrastructure costs are now covered by the Government, UNICEF provides technical support for municipal- and national-level capacity-building and health and environmental education.

4. Over the last two years, UNICEF has provided technical assistance to the Government of Guatemala for identifying and developing water supply and sanitation projects to be funded through the compensatory programmes discussed in paragraph 3 above. These water supply projects use methodologies, technology and management lessons from projects originally begun with funding from international donors. In 1992, the Ministry of Public Health and Social Security, the Presidency's Secretariat of Water Resources, the National Peace Fund and UNICEF began collaborating to increase access to water supplies. An agreement referred to as the "water, source of peace programme" works towards implementation of water supply and sanitation projects in rural areas with low access. This collaboration has helped to improve standardization of water supply and sanitation services and has strengthened national capacity in the sector. UNICEF supplementary funding from external donors has been used to provide technical assistance in project formulation, monitoring and evaluation, health education and training and institutional development. National funds are being used to fund the construction of water supply and sanitation systems.

5. An expansion of the supplementary-funded water supply and sanitation programme during the period 1995-1996 will allow for a further 206 water supply systems to be built, thereby extending coverage to an additional 92,700 persons in the departments of Quiché, Alta Verapaz, Huehuetenango and Baja Verapaz. The programme will continue to be guided by nine key strategies for strengthening programme sustainability: (a) increase in access for low-income families residing in high priority, poor regions; (b) optimization of health impact through health and hygiene education; (c) application and expansion of

successful experiences in the programme; (d) strengthening municipal-level institutional capacity; (e) promotion of community participation in the planning, installation and maintenance of facilities; (f) active involvement of women; (g) development and application of appropriate technology and design of facilities that prevent environmental degradation; (h) establishment of cost-recovery systems; and (i) high-level advocacy for increased government allocations for these programmes. Special attention will be given to strengthening monitoring and evaluation activities and health and environmental education. To this end, a health education package that incorporates gender and ethnic considerations will be included as a mandatory component of all water supply interventions. This package will use participatory methodology and was field tested extensively last year. Emphasis will also be placed on strengthening national- and local-level capacity to monitor water supply and sanitation coverage as a tool for planning for water supply and sanitation interventions. Both of the above-mentioned components will continue to receive technical support from the subregional Central American water supply and sanitation programme, in particular, from the positive experiences accumulated in other Central American countries.

Estimated annual expenditure

(In thousands of United States dollars)

Country/programme	1995	1996	Total
<u>Guatemala</u>			
Water supply and sanitation	1 350	1 350	2 700
